BIDDERS WORKSHEET CITY OF NEWBURGH SECTION 3 PLAN

In order to be eligible for the work associated with this particular project – the following information <u>must be included</u> in the project package at the time of the project opening.

SUBCONTRACTORS

	Value		Type of Work	
	2. Are you subcontrac	cting work to any Section 3	B Businesses? (yes or no)	
	3. Dollar Value of the	work awarded to section	3 subcontractor? \$	
	01/550			
EMPL	OYEES			
	List the number of en	nployees (current or new) r of employees and skills re	you will hire for this project. Incequired for the work.	clude the
	List the number of en		equired for the work.	clude the
	List the number of en position title, number	r of employees and skills re	equired for the work.	clude the
	List the number of en position title, number	r of employees and skills re	equired for the work.	clude the
	List the number of en position title, number	r of employees and skills re	equired for the work.	clude the
	List the number of en position title, number	r of employees and skills re	equired for the work.	clude the
	List the number of en position title, number	r of employees and skills re	equired for the work.	

By signing below you hereby Certify to the City of Newburgh, New York and the Department of Housing and Urban Development (HUD) that all information provided by you for this bid and under this contract (if awarded) be true to the best of your knowledge. You further certify that any vacant employment positions including apprenticeship and training positions, that are filled (1) after you are selected but before the Contract is executed, and (2) with persons other than those to whom the regulations of 24 CFR Part 135 and the attached Section 3 Plan require employment opportunities to be directed, shall not be filled to circumvent your obligations under such regulations and the Section 3 Plan. Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any federal assistance.

COMPANY NAME	
PROJECT NAME	
SIGNATURE OF PERSON COMPLETING FORM	
PRINT NAME	
 DATE	